DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0453	A. BUILDING: _____ B. WING _____	C 11/02/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE SUMMIT OF BETTENDORF MC	4699 53RD AVE BETTENDORF, IA 52722

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments Assisted Living Programs for People with Dementia are defined by the population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 13 Total census: 13 The following regulatory insufficiency was cited during the investigation into Incident #108695-I.	A 000		
A 160	481-67.3(2) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(2) To receive care, treatment and services which are adequate and appropriate. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to provide adequate treatment and services for 1 of 1 tenants reviewed (Tenant #1). Findings follow: Record review on 10/31/22 revealed an Incident Report for Tenant #1 dated 10/28/22. Tenant #1 was brought back to the Memory Care unit by the Concierge. She informed them Tenant #1 walked into the front door by himself. Tenant #1 had followed staff out the side door of the locked Memory Care unit when they exited the building. He had no injuries and his range of motion was	A 160	The Plan of Correction is attached	

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0453	A. BUILDING: _____ B. WING _____	C 11/02/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE SUMMIT OF BETTENDORF MC	4699 53RD AVE BETTENDORF, IA 52722

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 160	Continued From page 1	A 160		

within normal limits. Tenant #1 was wearing jeans and a long-sleeved shirt. A progress noted identified the weather was sunny and 57 degrees.

A review of Tenant #1's file revealed a score of 5 on the Global Deterioration Scale completed on 8/30/22 indicating moderately severe cognitive decline. His service plan, dated 8/30/22, revealed Tenant #1 had previously followed a tenant's family out of the Memory Care exit door. Staff were to redirect Tenant #1 away from the door if it appeared he wanted to leave. The service plan also indicated the tenant walked independently with his walker. At other times he ambulated independently without any assistive devices.

Observation of a video dated 10/28/22 at 12:01:29 PM showed the Assisted Living Registered Nurse (ALRN), Staff A and Staff B exiting from an interior office to the Memory Care side door and walking past Tenant #1, who was standing in the dining area approximately 23 feet from the side door. There was no clear indication anyone noticed or acknowledged Tenant #1. The ALRN was on the phone. Staff A used a key fob to open the door and exited first, followed by Staff B and finally the ALRN. Tenant #1 watched the women leave the unit. At 12:01:51, Tenant #1 began walking quickly toward the side door. He stuck his walker into the gap between the door and the jam at 12:01:54 before it closed. Tenant #1 left the Memory Care unit at 12:02 PM and re-entered through the front door of the building at 12:11 PM.

A tour of the building on 10/31/22 revealed after Tenant #1 exited through the Memory Care door, he would have entered an enclosed breezeway. The breezeway had an exterior door that led to the parking lot.

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0453	A. BUILDING: _____ B. WING _____	C 11/02/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE SUMMIT OF BETTENDORF MC	4699 53RD AVE BETTENDORF, IA 52722

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 160	Continued From page 2	A 160		

On 11/2/22 at 12:10 PM, the ALRN reported she and two others were walking out the side door of the Memory Care unit on 10/28/22. She was on the phone. The ALRN said she did not see Tenant #1. The three went out the door and into a car. She got a call about 10 minutes later informing her Tenant #1 was at the front door of the building. The ALRN reported Tenant #1 wasn't an exit-seeker; he just took advantage of a situation. Following the incident, the ALRN sent out a message letting staff know the only door they could exit through in the Memory Care unit was the main one unless there was an emergency.

On 11/2/22 at 12:30 PM, Staff A said she walked out first with the ALRN and Staff B. They came from the ALRN's office in the Memory Care unit. She unlocked the side door and looked around for people but didn't see anyone nearby. Tenant #1 was on the other side of the room. They walked out to the car in the parking lot and left.

On 11/2/22 at 12:50, Staff B said she went out the Memory Care door behind Staff A. She didn't see Tenant #1 at all before the elopement. When they exited the ALRN's office, they went right out the side door and into the parking lot. She didn't know Tenant #1 was a flight risk before the incident. She described the elopement as an issue of opportunity.

On 11/2/22 at 3:30 PM, the Executive Director confirmed staff should have checked the area to ensure there were no tenants who could exit through the door behind them.

On 12/28/22 at 10:48 AM, the Clinical Quality Specialist stated staff were expected to perform rounds continuously on tenants in the locked

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0453	A. BUILDING: _____ B. WING _____	C 11/02/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE SUMMIT OF BETTENDORF MC	4699 53RD AVE BETTENDORF, IA 52722

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 160	Continued From page 3 memory care area.	A 160		

Summit of Bettendorf: Elopement

A 160 481-67.3(2)

Corrective actions which will be accomplished for those residents found to have been affected by the deficient practice.

Tenant #_1__escorted back into community.
Wander guard was added to tenant on 10/28/22 and discontinued on 11/1/22 as tenant did not tolerate having it in place.

Head to toe completed with no injury.

How the facility will identify other residents having the potential to be affected by the same deficient practice:
On 10/28/22, Signs- placed on external doors to ensure door closes behind with exiting.

Measures the facility will take or systems the facility will alter to ensure that the problem will be corrected and will not recur:
All team members involved in occurrence were educated on 10/28/22; all AL Staff were educated from 10/28/22-11/01/2022. Education included: Elopement policy and procedures. Continued Elopement education to all new hires.

Maintenance staff recoded external doors on 11/1/22 and then again on 11/2/22 to assign specific leadership access. Any identified concerns will be addressed immediately through the QAPI process.

Quality assurance plans to monitor facility performance to make sure the corrections are achieved and are permanent.

As part of Summit of Bettendorf ongoing commitment to quality assurance, the ALRN or designee will randomly audit the continued placement of signage. Audit results with any identified concerns will be addressed immediately through the QAPI process.

Date when corrective action will be completed:
11/2/22

ok 1/12/23